Special 510(k) Premarket Notification

OCT 27 2005

510(k) Summary of Safety and Effectiveness Line Extension to the Alumina V40[™] Ceramic Femoral Heads

Proprietary Name:

V40[™] Biolox[®] delta Ceramic Femoral Heads

Common Name:

Artificial femoral head component

Proposed Regulatory Class:

Class II

Classification:

Hip joint metal/ceramic/polymer semi-constrained cemented or

nonporous uncemented prosthesis, 21 CFR §888.3353.

Device Product Code:

87 LZO: Prosthesis, Hip, Semi-Constrained,

Metal/Ceramic/Polymer, Cemented or Non-Porous, Uncemented.

For Information contact:

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Date Summary Prepared:

September 28, 2005

Device Description

The subject V40[™] Biolox® delta Ceramic Femoral Heads mate with Howmedica Osteonics'
V40[™] taper femoral stems fabricated from Titanium, CoCr or stainless steel alloys. The V40[™]
Biolox® delta Ceramic Femoral Heads are available in 28, 32 and 36 mm diameters and a variety of neck offsets.

Device Modification

This submission modifies the material of the Alumina V40[™] Ceramic Femoral Heads from alumina to Zirconoia Toughened Alumina (ZTA) and adds additional offsets of 28 and 36mm diameter heads.

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Indications for Use

The indications for use of the subject device, in keeping with those of other legally marketed Howmedica Osteonics' ceramic femoral bearing heads are as follows:

For Use as a Total Hip Replacement:

- Painful disabling joint disease of the hip resulting from: degenerative arthritis, rheumatoid arthritis, post-traumatic arthritis or late stage vascular necrosis.
- Revision of previous cup arthroplasty or other procedures
- Clinical management problems where arthrodesis or alternative reconstructive techniques are less likely to achieve satisfactory results.

For Use as a Bipolar Hip Replacement

- Femoral head/neck fractures or non-unions.
- Asceptic necrosis of the femoral head.
- Osteo-, rheumatoid, and post traumatic arthritis of the hip with minimal acetabular involvement or distortion.

Other Considerations:

- Pathological considerations or age considerations which indicate a more conservative acetabular procedure and an avoidance of the use of bone cement in the acetabulum.
- Salvage of failed total hip arthroplasty

Substantial Equivalence

The features of the new components are substantially equivalent to the predicate devices based on similarities in intended use and design. Mechanical testing demonstrates substantial equivalence of the new components to the predicate devices in regards to mechanical strength. In addition, the intended use, manufacturing methods, packaging, and sterilization of the predicate and new components are identical.





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

OCT 2 7 2005

Karen Ariemma Senior Regulatory Affairs Specialist Stryker Howmedica Osteonics 325 Corporate Drive Mahwah, New Jersey 07430

Re: K052718

Trade/Device Name: V40™ Biolox® delta Ceramic Femoral Heads (Line Extension to the

Alumina V40™ Ceramic Femoral Heads)

Regulation Number: 21 CFR 888.3353

Regulation Name: Hip joint metal/ceramic/polymer semi-constrained cemented or

nonporous uncemented prosthesis

Regulatory Class: Class II

Product Code: LZO

Dated: September 28, 2005 Received: September 29, 2005

Dear Ms. Ariemma:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21

CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson

Acting Director

Division of General, Restorative and Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):	K052718	
Device Name: <u>Biolox[®] delta V</u>		emoral Heads
The indications for use of the substitution of	abject device, ir e femoral bearin	n keeping with those of other legally marketeding heads are as follows:
arthritis, post-traumatic arth	ase of the hip re nritis or late stag throplasty or ot ems where arthi	sulting from: degenerative arthritis, rheumatoid ge vascular necrosis. her procedures rodesis or alternative reconstructive techniques are
involvement or distortion. Other Considerations: Pathological considerations	es or non-unions moral head. est traumatic arther s or age conside n avoidance of t	hritis of the hip with minimal acetabular erations which indicate a more conservative the use of bone cement in the acetabulum.
Prescription Use X	AND/OR	Over-The-Counter Use
(Part 21 CFR 801 Subpart D)		(21 CFR 807 Subpart C)
(PLEASE DO NOT WRITE	BELOW THIS LI	NE-CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence	e of CDRH, Of	fice of Device Evaluation (ODE)
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(Division	n Sign-Off)	
Division	of General,	Restorative,
and Neu	rological De	evices

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